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To: All Dental and Hospital Providers

Re: Prior Authorization Age Change

For claims processed on or after April 9, 2005, the Dental Program is dropping the age to five years old for prior authorization with hospital cases. This change was coordinated with the Dental Task Force with input from professional dental associations and the UAB School of Dentistry. Medicaid currently requires that providers who perform services in a hospital setting to document the information below in the patient's record. The Dental Program will be auditing a percentage of provider records for any child receiving dental services in a hospital setting. This will include all recipients and not just those who do require a prior authorization. If the audit determines that the documentation is not sufficient to prove the necessity of the procedures being performed in the hospital setting, the services can be recouped or subsequent claims can be reviewed prior to payment. The information below has been printed in the January Provider Insider and the January Provider Manual. There continues to be errors in billing incorrect place of service for these cases. These instances when found will be referred to the Provider Review Unit and further action will be taken. If you have questions, you can call the Dental Program at 334-242-5472 or 334-353-5959.

The policy is as follows:

For prior authorization for patients FIVE years through 20 years of age, at least one of the following criteria justifying use of general anesthesia in the hospital must be met:

1. Child or adolescent who requires dental treatment has a physical or mentally compromising condition
2. Patient has extensive orofacial and dental trauma
3. Procedure is of sufficient complexity or scope to necessitate hospitalization
4. Child who requires dental treatment is extremely uncooperative due to acute situational anxiety, attention deficit disorder, or emotional disorder

Approval is typically given for a specified time frame not to exceed six months. Treatment must be dentally necessary and supported by a treatment plan and appropriate radiographs. Requests for treatment in a hospital setting based on lack of cooperation, anxiety, attention deficit disorder, or emotional disorder are not typically approved when the dental history shows treatment was rendered in the office in the past.

Documentation from the medical record justifying one or more of the above four criteria is required to be submitted with the Prior Authorization request along with a completed Informed Consent. On children ages 3 through 5, documentation in the record will be required to support the necessity of the treatment performed in a hospital setting. Criteria number 4 (without a physical or mental disability) further requires a report of at least one active failed attempt to treat in the office. This report must include:

- a. Recipient's behavior preoperatively
- b. Type(s) of behavior management techniques used that are approved by the American Academy of Pediatric Dentistry
- c. Recipient's behavior during the procedure
- d. The use, amount, and type of local anesthetic agent
- e. Use and dosage of premedication attempted
- f. Use and dosage (% , flow rate and duration) of nitrous oxide analgesia used
- g. Procedure(s) attempted
- h. Reason for failed attempt
- i. Start and end times of the procedure(s) attempted
- j. Name(s) of dental assistant(s) present in the treatment room
- k. Presence or absence of parents or guardians in the treatment room

If requirements d, e, or f above were attempted but not successfully accomplished, the report must state the reason(s) for not carrying out or accomplishing these requirements.

March 4, 2005